



**APPLICATION
&
PERSONAL HISTORY**

APPLICATION

McKINNEY CITIZENS FIRE ACADEMY (and if so choose)
McKINNEY CITIZENS FIRE ACADEMY ALUMNI ASSOCIATION

Return Completed Application to:

McKinney Fire Department
Public Information Officer
2200 Taylor Burk Dr.
McKinney, TX 75071
Office: 972-547-2893

PERSONAL INFORMATION:

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security #: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number: _____ State: _____

Expiration _____ Endorsements: _____

Are you a Texas Concealed Handgun Licensee? Yes _____ No _____

How did you learn of the Citizens Fire Academy? _____

Why are you interested in the Citizens Fire Academy? _____

EMPLOYMENT INFORMATION

Occupation: _____ Length of Employment: _____

Company Name: _____

Email: _____ Business Personal

Employer's Address: _____
(Number) (Street) (City) (Zip)

Work Phone: _____ Supervisor's Name: _____

EDUCATION

Circle highest grade completed: 10 11 12 Associate BS/BA MS/MA Doctorate

Name and city/state of high school: _____

Name and city/state of college or university: _____

COMMUNITY ACTIVITIES

List all community organizations in which you have been or are currently involved.
Include leadership positions: _____

LAW ENFORCEMENT CONTACT

Have you ever been arrested? Yes_____ No_____

If yes, give details including offense, date of arrest and disposition of your case(s)

REFERENCES

List a person 21 years of age or older to be contacted in case of emergency.
(REQUIRED):

Name: _____

Relationship: _____

Address: _____

Employer: _____

Home Phone: _____ Cell: _____

Work Phone: _____

Email: _____

LIST TWO PERSONAL REFERENCES OTHER THAN FAMILY MEMBERS:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Please review your answers carefully and read the following statements before signing this application. Incomplete or unsigned applications will not be accepted.

I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements or answers. I understand that any omissions or false statements on this application shall be sufficient cause for rejection or dismissal from the McKinney Citizens Fire Academy or MCFA Alumni Association.

(Initial)

I further understand and hereby authorize the McKinney Fire Department to make any investigation of my personal history deemed necessary for consideration to join and attend the CFA or MCFAAAA. I understand that this background investigation may include, but is not limited to criminal history, employment history, and personal references.

(Initial)

I understand that if I am a Texas Concealed Handgun License holder or become licensed during the course of the academy, I will not carry any weapon(s) into any class or to any CFA or MCFAAAA function. I understand that to do so is cause for immediate dismissal from the program.

(Initial)

I further state that I have never been convicted of any violent felony offense, family violence assault, narcotics violation, or weapons offense, nor have I been convicted of any Class B or higher misdemeanor or non-violent felony offense within the past 15 years. I further attest that I am not currently under indictment for any offense nor do I knowingly associate with any individuals whom I believe to be convicted of, under investigation or indictment for any felony, not excluding narcotics, weapons, or assault offenses, by any law enforcement agency. I understand that I may be dismissed from the CFA or MCFAAAA if my behavior is deemed to be disruptive or if it otherwise inhibits the concept of the CFA or the MCFAAAA program(s).

(Initial)

I, the undersigned _____, a private person, for and in consideration of the privilege of participating in the McKinney Citizens Fire Academy, or the MCFA Alumni Association and recognizing that such activity involves certain inherent dangers do hereby agree to assume the risks attendant to such activity, to include motor vehicle accidents on either public streets or private property, and do hereby release the City of McKinney, its officers, agents, volunteers, representatives and employees, in both their public and private capacities, from any and all liability claims, suits, demands, damages, including attorneys' fees, or causes of action, for any and all claims, personal injury or property damage, that I, or my heirs, successors and assigns may have or may hereafter acquire against the City of McKinney, including but not limited to: 1) motor vehicle accidents on public streets or private property; 2) personal injury or property damage that may arise from the acts of a third person; 3) personal injury or property damage that may arise from the negligent acts of the City of McKinney, its officers, agents, volunteers, representatives, or employees relative to my participation in the McKinney Fire Department CFA or MCFAAA; and/or 4) wrongful death claims.

(Initial)

It is further agreed that the execution of the release shall not constitute a waiver by the City of McKinney of the defense of governmental immunity.

(Initial)

Signature (Applicant)

Date



Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed hereto and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE,

This, the _____ day of _____, _____
MONTH YEAR

Notary Public in and for the State of Texas